Iowa Department of Human Services

Provider Quality Management Self-Assessment

Completion Instructions

Table of Contents

Self-assessment (SA) general tips

- Annual self-reporting tool with service delivery standards
- Providers are expected to self-assess on:
  - Components of agency policies;
  - Code of Federal Regulations (CFR);
  - Iowa Code;
  - Iowa Administrative Code (IAC).
- SA includes requirements for specific services and best practice recommendations.
- Responses indicated on the self-assessment are not intended to be utilized in a punitive manner.
- After submission to HCBS, the SA should be a component used in the agency's ongoing internal quality improvement process.
- The SA is an opportunity to self-govern and assess outcome of future reviews or audit activity.

Return to Table of Contents

SA general tips continued

- The SA will not be a reliable quality improvement tool if responses do not accurately reflect agency policies and/or processes.
- The *Provider Quality Management Self-Assessment* is completed annually and is due by December 1 of each year.
- Implementation of corrective action to address current CFR, Iowa Code, and IAC standards must be completed within 30 days of the date Section E is signed.
- The HCBS Specialist for the region in which your home office is located may be contacted for additional assistance in completing the annual self-assessment.

General completion instructions

- The Provider Quality Management SA is located at this website address:
  - http://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment

- Right-click on the red font for “Provider Quality Management Self-Assessment Form” to open the SA.
- Choose “Save-as” to save the form to your computer.
- The SA form may be completed electronically or printed out and completed manually.
- Read the instructions provided on the SA form carefully, they will supplement instructions provided here.
- Note the link and url for “HCBS Waiver Provider Contacts” and “List of HCBS Specialists for each region”. These will direct you to an HCBS specialist if further assistance is required.
- This training will provide a screenshot of the current year’s SA and instructions for completing the section identified in the header and screenshot.

Return to Table of Contents

Annual SA submission

- Submit self-assessments to the fax or mail address identified on page 1 of the self-assessment, in accordance with the instructions identified in this training and on page 1 of the self-assessment.
- When faxing self-assessments, review the fax transmission sheet to ensure the entire document was submitted. It is recommended agencies retain the fax transmission sheet with the self-assessment.
- Include supporting documentation from accreditation, if needed (See Section E – Guarantee of Accuracy).
- Self-Assessments will be submitted as one complete document containing sections A-F and all supporting documents, incomplete self-assessments will not be accepted.
- If any portion of the self-assessment is not completed as instructed, the provider will be notified and a completed self-assessment shall be resubmitted by the provider by December 1.
- **Failure to submit the required Quality Management Self-Assessment by December 1 will jeopardize your agency's Medicaid enrollment.**

Return to Table of Contents

What to expect after SA submission

- Providers will receive confirmation of receipt by your HCBS Specialist within 30 days of receipt of all sections of your fully completed SA
- HCBS Specialists may contact providers by email or telephone to confirm responses provided on the SA, or to obtain additional information required to complete the SA.
- Confirmation will address the acceptance of the SA and any self-identified corrective action plans, and will be sent to the mailing address and contact provided in Section A.
- In the event a SA submission is deemed incomplete:
  - The provider will be notified and the SA must be resubmitted, based on the information provided by the HCBS Specialist;
  - If corrective action was required but not identified, or identified but not submitted, the provider will be notified and the SA will not be accepted until the corrective action has been identified and submitted.

Return to Table of Contents

Section A – Provider Identification

Section A – Agency Identification

Please identify your agency by providing the following information. Please type using the text entry fields below.

Employer ID number (EIN) (9-digits):					
Agency name (as registered to EIN indicated above):					
Administrator/CEO:			Title:		
Mailing address:			Agency address:		
City:	State:	Zip:	City:	State:	Zip:
County:			County:		
Name of person responsible for agency quality improvement activities:			Phone number: Ext:		
Title of person responsible for agency quality improvement activities:			Fax number:		
Quality coordinator's email address:			Administrator's email address:		
Agency website address:					

Section A – Provider Identification (continued)

- This section contains the demographic Information for your agency. Complete each section in this table.
- EIN is your employer ID# or taxpayer ID# and is a 9 digit number.
- Indicate Legal name, if this is different from the name you are doing business as (DBA), it will be the name your EIN is registered to.
- If the agency address and mailing address are the same, indicate this in the agency address field.

- If your agency has had a change in address complete form 470-4608 on http://www.ime.state.ia.us/Providers/Forms.html
- If your agency has had a change in legal name complete the W9 form on http://www.ime.state.ia.us/Providers/Forms.html

Return to Table of Contents

Section B – Service Enrollment

Section B – Service Enrollment

Indicate *each* of the programs and corresponding services your agency is **enrolled** to provide (regardless of whether or not these services are currently being provided). If your agency is not enrolled for any of the services in this section, you are not required to submit the *2015 Provider Quality Management Self-Assessment*. If you are uncertain as to the services your agency is enrolled for, please contact the IME Provider Services as explained on page one.

Program	☐ AIDS/HIV Waiver	☐ BI Waiver	☐ CMH Waiver
Services	☐ Adult day services ☐ Agency Consumer-Directed Attendant Care (CDAC) ☐ Counseling ☐ Respite	☐ Adult day services ☐ Behavior programming ☐ Agency Consumer-Directed Attendant Care (CDAC) ☐ Family counseling and training ☐ Interim Medical Monitoring and Treatment (IMMT) ☐ Prevocational services ☐ Respite ☐ Supported Community Living (SCL) ☐ Supported Employment (SE)	☐ Family and community support services ☐ In-home family therapy ☐ Respite

Section B – Service Enrollment (continued)

- Section B identifies the which services agencies may be enrolled for that require the agency to submit a SA.
- Select all services your agency is ***enrolled*** for, even if you are not providing active service delivery.
- SA answers will be based on policies and procedures for the services indicated in Section B. If a box is checked, your agency is indicating you are enrolled through IME to provide that service, is responsible for having policies/procedures, and will respond accordingly to that area of the SA.

- If your agency is enrolled to provide a service, is not providing the service and has no intention of providing the service, your agency may choose to disenroll from that service by contacting Provider Services at 800-338-7909.

Return to Table of Contents

Section C-1 - Office Locations

Section C-1 – Office Locations

INSTRUCTIONS Identify each location from which your agency provides oversight of HCBS. Include additional copies of this page as needed.

■ **Location # 1**

NPI number(s) (10-digits):					
Agency name (Name doing business as):					
Contact person:			Phone number:		Fax number:
Title of contact person:			Email address:		
Mailing address:			Agency address:		
City:	State:	Zip:	City:	State:	Zip:
Office Hours:	Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Sunday:				

Section C-1
Office Locations (continued)

- Complete location demographics for all agency office locations enrolled to provide waiver services and habilitation services, including satellite offices.
- List all NPIs related to each office location. The NPI is a 10 digit number.
- Complete all sections for each location.
- If the agency address and mailing address for the first location are the same, indicate this in the agency address field.
- Include email addresses and office hours for each location. If an office is open 24 hours or staffed by on-call staff, that will be your response for the text box.
- Agencies may print additional pages as necessary for all office locations.

- Do not include 24-hour residential sites as a location unless an agency office is located at that site.

Return to Table of Contents

Section C-2 - New Site Locations

Section C-2 – New Site Locations

INSTRUCTIONS Identify new provider owned or provider controlled locations in which HCBS began after December 1, 2014. Provider owned and provider controlled categories are clarified in the HCBS Settings Transition Exploratory Questions located on the IME website http://dhs.iowa.gov/ime/about/initiaties/HCBS. Include additional copies of this page as needed.

■ **Site #** ____

NPI number (10-digits):		Site name:	
Agency name (Name doing business as):			
Contact person:		Phone number:	Fax number:
Title of contact person:		Email address:	
Site address:		Residential (Home/Apartment) ☐ Non-Residential (Vocational/Day Program) ☐	
City:	State: Zip:	For residential sites with five or more members, is the site licensed by the Department of Inspections and Appeals or otherwise approved by the Department of Human Services? Yes ☐ No ☐	
Type of residence (house, apartment, etc.):			
Total number of members living at this site:			

Section C-2
New Site Locations (continued)

- Identify new provider owned or provider controlled locations in which HCBS services began after December 1, 2014, or current provider owned/controlled location not included on your agency's 2014 Self-Assessment.
- If you have more than 5 new sites, your HCBS Specialist may ask for the information to be emailed to them in an excel spreadsheet. The spreadsheet must contain all fields included in this section.
- List all NPIs related to each office location. NPI is a 10 digit number.
- Complete all sections on this page, following the same instructions as Section C-1.
- Include type of residence, number of members, and DHS approval for sites with five or more members.
- Print additional pages as necessary to include all new site locations.

Return to Table of Contents

Section C-3 - All Service Locations

Section C-3 – All Service Locations

INSTRUCTIONS Identify all service locations in which HCBS are provided in a publicly or privately-owned facility that provide inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.

■ **Site #** ___

NPI number (10-digits):		Site name:	
Agency name (Name doing business as):			
Contact person:		Phone number:	Fax number:
Title of contact person:		Email address:	
Site address:		Residential (Home/Apartment) ☐ Non-Residential (Vocational/Day Program) ☐	
City:	State: Zip:	For residential sites with five or more members, is the site licensed by the Department of Inspections and Appeals or otherwise approved by the Department of Human Services? Yes ☐ No ☐	
Type of residence (house, apartment, etc.):			
Total number of members living at this site:			

Section C-3
All Service Locations (continued)

- Identify all service locations that meet the following description:
  - HCBS services are provided in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution
  - that has the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.
- List all NPIs related to each office location. NPI is a 10 digit number.
- Complete all sections on this page, including type of residence, number of members, and DHS approval for sites with five or more members.
- If you have more than 5 new sites, your HCBS Specialist may ask for the information to be emailed to them in an excel spreadsheet. The spreadsheet must contain all fields included in this section.
- Print additional pages as necessary to include all new site locations.

Return to Table of Contents

Section D – State and Federal Standards

Section D – State and Federal Standards

For each of the following standards, the agency must select a response from the column beneath the heading "**Response Option**". Do not select more than one response per standard.

- Indicating "**Yes**" means the agency currently has in place policies and/or practices meeting the proposed standards and can provide documented evidence verifying such.
- Indicating "**No**" means the agency does not currently have policies, practices and documented evidence in place. When a "**No**" is indicated, the agency must document in the space provided at the end of each area or requirement plans to meet the standards. The plan must identify the agency's timeline for meeting the standards. Implementation of corrective action to address current Code of Federal Regulations (CFR), Iowa Code, or Iowa Administrative Code (IAC) standards must be completed within 30 days of the date in Section E of this form.
- The selection of **"NA"** indicates the item is not applicable to the programs and services your agency is enrolled for, and is not applicable in accordance to Centers for Medicare and Medicaid, Code of Federal Regulations, Iowa Code, or IAC.

This *2015 Provider Quality Management Self-Assessment* will be returned to the agency if all sections are not completed, responses chosen are not compliant with Code of Federal Regulations, Iowa Code, or IAC, or otherwise deemed unacceptable.

If the agency requires technical assistance, contact the regional HCBS Specialist assigned to the parent agency (see page one).

I. Providers are required to establish and maintain fiscal accountability
IAC Chapters 78 and 79

***At a minimum*, all providers will maintain evidence of:**	**Response Options:**
1. The current rate setting system (*for example*, D-4s, fee schedules, County Rate Information System report)	Yes ☐ No ☐
2. Documentation to support planning and tracking the use of member support dollars that are incorporated into the rate for SCL, RBSCL, home-based habilitation, and family and community support services	Yes ☐ No ☐ N/A ☐
3. The maintenance of fiscal and clinical records for a minimum of five years	Yes ☐ No ☐
If indicating "No," describe plan to meet the standard(s) or other reason that you are not required to meet the standard(s):	
If indicating "NA," you must describe why the standard(s) are not applicable to your agency:	

Section D – State and Federal Standards (continued)

- A response must be selected for each standard.
- Responses should reflect best practices as well as regulatory requirements. For this tool to be useful in quality improvement activities, responses must accurately reflect your agency's current policies or processes.
- Any self-assessments with unanswered standards or missing comments will be returned and considered not complete.
  - Select the "Yes" response if your agency has a policy OR process, and/or evidence in place as described in the standard. "Yes" responses may indicate "best practice" actions implemented by your agency.
  - Select the "No" response if your agency does not have a policy OR process and/or evidence in place. "No" responses require a corrective action plan (CAP) identifying how your agency will meet the standard. The option to select "N/A" is provided for those standards not supported by regulatory standards.
  - Select "N/A" if your agency does not have a policy OR process and/or evidence in place, and the standard is not supported by regulatory standards. When selecting "NA", your agency must provide a description explaining why the standard(s) is not applicable to your facility.

Section D
IV. Quality Improvement Plan

- This section was updated in the 2015 Provider Self-Assessment to reflect tracking and trending activities required in Chapter 77 for incident reporting requirements for all waivers.
- Select the “Yes”, “No”, and “N/A” responses as directed in Section D, I-III.
- The option to select “N/A” has been provided for those standards that meet the following criteria
  - Standard does not pertain to incident reporting, AND
  - Your agency does not perform tracking, trending, or quality improvement activities for the standard
- Do not select “N/A” if your agency performs quality improvement activities that meet the descriptions provided.

- For all “No” responses in Section D, your agency must provide a corrective action plan to meet the standard or identify why your agency is not required to meet that standard.
- For each “N/A” response in Section D, your agency must describe why the standard is not applicable to your agency.

Return to Table of Contents

Section E - Guarantee of Accuracy

Section E – Guarantee of Accuracy

In submitting this Self-Assessment or signing this Guarantee of Accuracy, the agency and all signatories jointly and severally certify that the information and responses on this Self-Assessment are true, accurate, complete, and verifiable. Further, the agency and all signatories each acknowledge (1) familiarity with the laws and regulations governing the Iowa Medicaid program; (2) the responsibility to request technical assistance from the appropriate regional HCBS Specialist (see contact instructions on page one) in order to achieve compliance with the standards listed within this assessment; (3) the Department, or an authorized representative, may conduct desk or on-site reviews on a periodic basis, as initiated by random sampling or as a result of a complaint. **NOTICE: Any person that submits a false statement, response, or representation, or any false, incomplete, or misleading information, may be subject to criminal, civil, or administrative liability.**

In order to qualify as an HCBS provider for the services your agency is enrolled to provide, indicate which accreditation, licensure or certification qualifies your agency to provide HCBS waiver services. Include dates of accreditation/licensure/certification for each accrediting body ((MM/YY begin – MM/YY end):

- ☐ Council on Accreditation _____
- ☐ CARF International _____
- ☐ Iowa Department of Public Health _____
- ☐ HCBS Certification _____
- ☐ The Council on Quality and Leadership (CQL) _____
- ☐ Department of Inspections and Appeals _____
- ☐ The Joint Commission (TJC) _____
- ☐ Chapter 24 _____
- ☐ Other: _____

Is your organization in good standing with the accreditation/licensing/certifying organization? Yes ☐ No ☐

If your organization received less than a three year accreditation/certification, the review results and corrective action plan must accompany the completed *2015 HCBS Provider Quality Management Self-Assessment.*

Is this organization in good standing with the Iowa Secretary of State's Office? Yes ☐ No ☐

Does your organization attest to being compliant with HCBS Settings Rule 42 CFR 441.301(c)(4) and 42 CFR 441.710(a), or have a plan to come into compliance with this rule prior to March 17, 2019? Yes ☐ No ☐

If your organization is not currently fully in compliance with CMS requirements for provider owned and provider controlled settings, your organization must submit your plan to become compliant with HCBS Settings Rule 42 CFR 441.301(c)(4) and 42 CFR 441.710(a).

PRINT NAME of ***Agency***

PRINT NAME of ***Executive Director***

SIGNATURE of ***Executive Director*** ***Date***

Section E
Guarantee of Accuracy (continued)

- Complete each field in this section. Commonly missed areas include:
  - Selecting the appropriate “yes” or “no” response for each section in which this response is required;
  - Identifying all accreditations held by the agency with accreditation dates;
  - Accreditation dates must identify begin and end date of accreditation in MM/YY format;
  - Agency in good standing with accrediting agency;
  - If your organization received less than a **three year** accreditation during the last review, you are required to submit a copy of the results and corrective action plan from your re-accreditation visit along with the completed self-assessment;
  - Is the organization in good standing with the Iowa Secretary of State;
  - Identifying your agency is compliant OR has a plan to become compliant with CMS Settings Rules on or before March 17, 2019.

Section E
Guarantee of Accuracy (continued)

- Self-assessment submitted without signatures will be returned as incomplete.
  - Signing on behalf of an executive director/board of directors if you are an assistant director, VP, etc. is not acceptable unless there are extenuating circumstances where your director is incapacitated to the point that he/she cannot perform their job functions.
  - If your agency does not have a board of directors, indicate this on the signature line.
- If your agency's executive director is out of town on November 30th and December 1st and the Self-assessment is not submitted until December 2nd, it will be considered late.
- Signatures ensure the information is accurate, complete, and verifiable.

- Self-assessments received without signatures or without an explanation that meets the exemptions identified in the first bullet will be returned to agencies as incomplete.
- Self-assessment received without responses for each section in Section E will be returned to agencies as incomplete.

Return to Table of Contents

Section F – Direct Support Professional Workforce Data Collection

Section F – Direct Support Professional Workforce Data Collection

Direct Support Professional Workforce Data Collection

Agency Name_____

NPI Provider Number(s)_____
(Complete only one form and list all NPI Numbers)

Instructions
For the purposes of these questions, a direct support professional is an individual who provides supportive services and care to people who are elderly, experiencing illnesses, or disabilities. This definition *excludes* individuals working as nurses, social workers, counselors, and case managers.

Individuals providing the following waiver services should be considered direct support professional workers:

- Adult Day Services
- Behavioral Programming
- CCO
- CDAC
- Family and Community Support Services
- Home Health
- Homemaker
- Interim Medical Monitoring and Treatment
- Prevocational Services
- Respite
- Residential SCL
- SCL
- Supported Employment

Section F – Direct Support Professional Workforce Data Collection

- Include your agency's name and NPI
- Individuals providing the following waiver services should be considered direct support professional workers, including contractors:
  - Adult Day Services
  - Behavioral Programming
  - CCO
  - CDAC
  - Family and Community Support Services
  - Home Health
  - Homemaker
  - Interim Medical Monitoring and Treatment
  - Prevocational Services
  - Respite
  - Supported Community Living – includes residential and non-residential
  - Supported Employment

Section F – Direct Support Professional Workforce Data Collection (continued)

1. Please list your organization's total number of full-time and part-time employees (including contract employees).

   _____ Total Number of Full-time and Part-time Employees

   Of this total, please list the number of full-time and part-time employees providing direct support services according to the definition provided above. Please include supervisors and coordinators who provide direct support services.

   _____ Number of Full-time Direct Care Workers (including contract employees)

   _____ Number of Part-time Direct Care Workers (including contract employees)

2. The U.S. Department of Labor utilizes the following three titles and definitions to gather information on the direct support professional workforce.

   Please list the number of individuals you employ in the following three categories. Choose the category that best reflects services provided. Individuals do not need to be certified as a home health aide or nurse aide to be included in those categories. An individual cannot be counted in more than one category.

   Personal and Home Care Aides

   Often called direct support professionals, these workers provide support services such as implementing a behavior plan, teaching self-care skills and providing employment support, as well as providing a range of other personal assistance services. They provide support to people in their homes, residential facilities, or in day programs, and are supervised by a nurse, social worker, or other non-medical manager.

   _____ Number of Personal and Home Care Aides (including contract employees)

   Home Health Aides

   Home health aides typically work for home health or hospice agencies and work under the direct supervision of a medical professional. These aides provide support to people in their homes, residential facilities, or in day programs. They help with light housekeeping, shopping, cooking, bathing, dressing, and grooming, and may provide some basic health-related services such as checking pulse rate, temperature, and respiration rate.

   _____ Number of Home Health Aides (including contract employees)

   Nursing Aides

   Most Nursing Aides have received specific training for the job and some have received their certification as a Certified Nursing Assistant (CNA) in Iowa. According to the Department of Labor, Nursing Aides provide hands-on care under the supervision of nursing and medical staff in hospitals and nursing care facilities, although they do work in home- and community-based settings as well. Nursing Aides often help individuals eat, dress, and bathe, and may take temperature, pulse rate, respiration, or blood pressure, as well as observing and recording individuals' physical, mental, and emotional conditions.

   _____ Number of Nursing Aides (including contract employees)

Section F – Direct Support Professional Workforce Data Collection (continued)

- Question 1 – identify all of the following:
  - Total number of employees, usually includes everyone on your payroll, and includes contractors
  - In the second part of the question, identify how many staff are considered full- or part-time Direct Care Workers.
  - Direct Care Workers are defined on the previous page and do not include nurses, social workers, counselors, or case managers, unless they provide the identified services.
  - Example:
    - Staff that work full time and provide both waiver services and ICF-ID services, or waiver services and administrative duties, would be included in part time workers because they are a direct care worker part of the time.

Section F – Direct Support Professional Workforce Data Collection (continued)

- Question 2 is not related to Question 1.
- Identify the number of employees that fall under the 3 categories provided in question 2.
  - Choose the category that best reflect services the employee(s) provide;
  - Individuals do not need to be certified as an HHA or CNA to be included, but they can be. Responses are determined by the number of individuals working in the identified category;
  - Do not count someone in more than one category, choose which category best fits their primary duties.

- Your agency's human resources department may be helpful in completing Section F.

Return to Table of Contents

Relevant Information

- Where to find other sources of information relevant to completion of the self-assessment:
  - DHS Website http://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment
    - Self-Assessment Form
    - Link to frequently asked questions
    - Link to this recorded webinar
    - Link to regional specialist map
  - Iowa Administrative Code
    - Chapter 77 https://www.legis.iowa.gov/docs/ACO/chapter/441.77.pdf
    - Chapter 78 https://www.legis.iowa.gov/docs/ACO/chapter/441.78.pdf
    - Chapter 79 https://www.legis.iowa.gov/docs/ACO/chapter/441.79.pdf

Return to Table of Contents

Additional Resources

- Iowa Code: http://search.legis.state.ia.us/nxt/gateway.dll/ic?f=templates&fn=default.htm
- Informational Letter sign-up on Iowa Medicaid Portal Access (IMPA) homepage: https://secureapp.dhs.state.ia.us/impa
- Archived Informational Letters http://www.ime.state.ia.us/Providers/Bulletins.html
- Provider Services: http://dhs.iowa.gov/ime/providers
  - 1-800-338-7909 (toll free) or
  - 515-256-4609 (Des Moines) Select Option 4
  - P.O. Box 36450, Des Moines IA 50315
- For additional questions, please email: hcbsqi@dhs.state.ia.us, and use the subject line: 2015 Self-Assessment

Return to Table of Contents